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425-C South Sharon Amity Road
 Charlotte, NC 28211-2841
 Phone: (704) 365-4881
 Fax: (704) 365-4851

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To:	USPTO Examiner T. T. Tran Art Unit 1711	From:	Claire Wygand for Cathy R. Moore Phone: (704) 365-4881 Fax: (704) 365-4851
Fax:	(703) 872-9306	Pages:	16 pages total Transmittal facsimile cover sheet (1 page) 1-month extension of time (1 page) Terminal Disclaimer (1 page) Fee transmittal (1 page) Amendment (10 pages) Revised 1449 forms (2 pages)
Phone:		Date:	June 30, 2005
Re:	Application No. 10/757,746 Filed January 15, 2004 Our Ref.: 03/005 MFE Response to Office Action dated 3/22/05	CC:	

Dear Examiner Tran,

Attached are the documents as indicated above.

Respectfully submitted,

Claire Wygand
 Claire Wygand

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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**250.00****Complete if Known**

Application Number	10/757,748
Filing Date	January 15, 2004
First Named Inventor	Matthias KONRAD
Examiner Name	T. T. Tran
Art Unit	1711
Attorney Docket No.	03/005MFE

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number
50-2193Deposit Account Name
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☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 88	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1261 110	2251 55	Extension for reply within first month	120.00
1252 420	2252 210	Extension for reply within second month	
1263 950	2253 475	Extension for reply within third month	
1264 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1462 110	2462 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or release)	
1502 480	2502 240	Design issue fee	
1503 840	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.128(e))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.128(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	900	Request for expedited examination of a design application	

Other fee (specify) **TERMINAL DISCLAIMER** 130.00*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)**250.00****SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Cathy R. Moore	Registration No. (Attorney/Agent)	45,764	Telephone	704 365-4881
Signature	<i>Cathy Moore</i>	Date	June 30, 2005		

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